

P2. PART 2

GLOSSARY B

P2.1. TERMINOLOGY

P2.1.1. BAD DEBT EXPENSE. The expenses from patient bills that the provider is unable to collect. Determination of bad debt expense usually is made after services are rendered and after debt collection efforts have failed.

P2.1.2. BALANCE BILLING. The practice of a provider billing a patient for all charges not paid for by the insurance plan, even if those charges are above the plan's UCR or are considered medically unnecessary. Managed care plans and service plans generally prohibit providers from balance billing except for allowed copays, coinsurance, and deductibles. Such prohibition against balance billing may even extend to the plan's failure to pay at all (e.g., because of bankruptcy).

P2.1.3. BASIS OF VALUATION. The amounts recorded as obligations and accrued expenditures and revenues in accordance with DoD 7220.9-M (reference (e)), and used in recording assets, liabilities, and operating results. Except for material in stock funds and in industrial fund inventories that are revalued at current catalog prices, no revaluation adjustments are made in the accounts maintained by DoD accounting entities. Donated assets are recorded at fair market value, estimated to equal original acquisition costs less accumulated depreciation at the time of acquisition.

P2.1.4. BASSINET. An accommodation with supporting services maintained in the newborn nursery for infants live born in the hospital.

P2.1.5. BASSINET DAY. See: DAYS, BASSINET DAY.

P2.1.6. BASSINET, OPERATING. A bed designed for the care of an infant that is currently set up in the newborn nursery and ready in all respects for use. It must include space, equipment, medical material, ancillary and support services and staff to operate under normal circumstances. Infant Transporters are excluded.

P2.1.7. BASSINET, INACTIVE. A bassinet, in the newborn nursery, designed for the care of an infant that is ready in all respects except for the availability of staff; that is, space, equipment, medical materiel, and ancillary support services have been provided but the bassinet is not staffed to operate under normal

circumstances.

P2.1.8. BATTLE CASUALTY. Any casualty (death, wound, missing, capture, or internment) provided such loss is incurred in action. "In action" characterizes the casualty status as having been the direct result of hostile action; sustained in combat and related thereto; or sustained going to or returning from a combat mission provided that the occurrence was directly related to hostile action. Included are persons killed or wounded mistakenly or accidentally by friendly fire directed at a hostile force or what is thought to be a hostile force. However, not to be considered as sustained in action and thereby not to be interpreted as battle casualties are injuries due to the elements, self-inflicted wounds, and, except in unusual cases, wounds or death inflicted by a friendly force while the individual is in absent-without-leave or dropped-from-rolls status or is voluntarily absent from a place of duty.

P2.1.9. BED, AVAILABLE. An operating bed not currently assigned to a patient.

P2.1.10. BED CONSTRUCTED (Replaces: Normal Bed). A bed originally designed and constructed for the delivery of peacetime inpatient care in a Medical Treatment Facility (MTF); usually spaced on 8-foot centers (approximately 140 - 200 square feet) and furnished with suction, medical gas and nurse call capacity; meets standards applied by common hospital accreditation bodies.

Includes:

- LDRP (combined labor, delivery, recovery and postpartum)
- Special and/or intensive care
- Pediatric cribs set up in patient rooms

Excludes:

- Transient patient beds
- Bassinets
- Incubators
- LDR (combined labor, delivery, recovery not used for postpartum)
- External partnership or external VA bed
- Internal non-DoD bed

P2.1.11. BED, EXPANDED CAPACITY. The total number of beds in an MTF that can be set up in rooms designed for inpatient care when spaced on 6-foot centers (approximately 72 square feet per bed), but with electrical and gas utility support for each bed.

Excludes:

Examination rooms
Physical therapy
Nursery
Space outside the MTF (e.g., hotels, gyms, BOQs, Air Transportable Hospital, Aeromedical Staging Facilities)

P.2.1.12. BED, INACTIVE. A constructed bed ready for peacetime inpatient care to include space, equipment, medical materiel, and ancillary support services but the bed is not staffed to operate under normal circumstances. Beds need not be set up, but must be able to be set up and activated within 72 hours. It includes constructed bed space occupied by another function that could be relocated to other existing space on a permanent basis and continue to operate assigned function (e.g., storage space, office space that could be consolidated, lounge and locker space). It does not include former bed space that has been permanently altered for other use or bed space that cannot be readily reconverted to active bed space.

P.2.1.13. BED, MOBILIZATION/CONTINGENCY CAPACITY. An expanded bed capacity plus the number of beds that can be set up in areas not originally designed for patient care, such as troop billets, hotels, motels, schools and business occupancy space in medical facilities used to support the contingency mission but does not meet the expanded bed definition.

P.2.1.14. BED, OCCUPIED BY TRANSIENT PATIENT. A bed assigned as of midnight to a patient who is being moved between Military Treatment Facilities and who stops over while en route to his or her final destination.

P.2.1.15. BED, OPERATING. A constructed bed in an MTF that is currently staffed, equipped, set up and ready in all respects for peacetime inpatient care.

P.2.1.16. BEDS, TOTAL PEACETIME. The sum of total operating beds and total inactive beds.

P.2.1.17. BED, TRANSIENT PATIENT. A bed that a designated hospital operates for the care of a patient who is being moved between Military Treatment Facilities and who must stop over for a short period of time while enroute to his final destination.

P.2.1.18. BED CAPACITY. The number of available hospital inpatient beds both occupied and vacant on any given day.

P.2.1.19. BED DAY. See: DAYS.

P2.1.20. BEDS, LICENSED. The number of beds that a hospital is licensed, certified, or otherwise authorized and has the capability to operate. That is, space equipment, medical materiel, and ancillary and support services have been provided, but the required staff is not necessarily available. Licensed beds equal the sum of operating beds and inactive beds.

P2.1.21. BENCHMARKING. The comparison of like provider's performance. It is a standard from which to establish what is "quality" medical care and develop measurement from which to evaluate providers and patient outcomes.

P2.1.22. BENEFICIAL OCCUPANCY DATE (BOD). The date on which a facility is available to serve the mission for which it is constructed.

P2.1.23. BENEFICIARY, MEDICAL. An individual who has been determined to be eligible for medical benefits and is therefore authorized treatment in a Military Treatment Facility.

P2.1.24. BENEFICIARY CATEGORY. A grouping of individuals in the same beneficiary class; e.g., active duty, family members of active duty, retired, family members of retired, and so forth.

P2.1.25. BENEFICIARY GROUPS. The combinations of individual Beneficiary Categories grouped together for reporting purposes.

P2.1.26. BILLED BRANCH OF SERVICE (BBS). The branch of Service responsible for the healthcare treatment and/or payment for healthcare of a beneficiary. If the patient resides in a catchment area, the billable branch of service (BBS) is the MTF's branch of Service. If the patient resides in a non-catchment area, then the BBS is the sponsor's branch of Service.

P2.1.27. BILLED MILITARY TREATMENT FACILITY (MTF) CODE (BMC). The MTF (catchment area) responsible for the healthcare treatment and/or payment of healthcare for a beneficiary. If a patient resides in a non-catchment area, the BMC code is zero-filled and financial responsibility reverts to the sponsor's branch of Service.

P2.1.28. BIRTH CERTIFICATE. An official record of an individual birth, certified by a physician, and including birth date, place of birth, parentage, and other required identifying data, filed with the local registrar of vital statistics or with the Department of State for infants born of American parents overseas.

P2.1.29. BLOOD DONOR CENTER (BDC). The location for the collection and processing of blood products.

P2.1.30. BOARD-CERTIFIED. A term that describes a physician or other health professional who has passed an examination given by a professional specialty board and has been certified by that board as a specialist in that subject.

P2.1.31. BOARDER. A person other than a patient, physician, or staff member, such as a parent or spouse of an inpatient, who is temporarily housed in a hospital but who is neither admitted to an inpatient status nor assigned a register number.

P2.1.32. BORROWED LABOR. That quantity of productive work or service provided to the Military Treatment Facility by personnel other than staff and student personnel normally carried on the staffing (manpower) documents of the facility or worksite receiving the benefit of the labor. Patient personnel are excluded from this definition. The work or services provided are in positions and/or assignments that would be customarily filled by full-time staff personnel and are performed on a regularly scheduled basis in satisfaction of a continuing need. For a more detailed discussion of borrowed labor, see DoD 6010.13-M (reference (a)).

P2.1.33. BRANCH OF SERVICE. Army, Navy, Air Force, and Marine Corps.

P2.1.34. BUDGET. A detailed financial plan for carrying out specific institutional program activities in a specified time period, usually a fiscal year.

P2.1.35. BUDGET RECONCILIATION. A Federal Government budgeting process in which Congress changes programs and laws so that program costs match the amount Congress wants to spend.

P2.1.36. BUDGETING. The process of translating approved resource requirements (manpower and materiel) into time-phased financial requirements.

P2.1.37. BUILDING CODES. The standards or regulations for construction that are developed to provide a building that is safe for its intended use.

P2.1.38. BUNDLING. The process of combining into one payment the charges for various medical services rendered during one healthcare encounter. Bundling often combines the payment from physician and hospital services into one reimbursement. It is also called "package pricing."

P2.1.39. BUSINESS PROCESS REENGINEERING. MHS Business Process Reengineering is a radical improvement approach that critically rethinks and redesigns product and service processes within a political environment to achieve dramatic MHS mission performance gains.